

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040427

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

160

Primary Registration District No.

3029

Registrar's No.

141

STATE FILE NUMBER

FILED OCT 22 1963

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CRYSTAL CITY, MO.

Length of stay in 1b

5 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

120 COUNTY ROAD

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

JEFFERSON

c. CITY OR TOWN

CRYSTAL CITY, MO.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

120 COUNTY RD.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

SARAH

ELIZABETH

NULL

4. DATE OF DEATH

Month

Day

Year

10/16/63

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/18/87

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (City and state or country)

HOUSE SPRING MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

DENNIS BURGEN

13b. MOTHER'S MAIDEN NAME

LOUSIE MORTTZ

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

NO

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

BLANCHE NULL CRYSTAL CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma pulmonary

DUE TO (b)

Metastases in pelvis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cardiovascular disease. Sen. arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 6, 1963 to Oct 16, 63 and last saw her alive on Oct 15, 1963
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. Helen Belgar, MD

22b. ADDRESS

Festus, Mo

22c. DATE SIGNED

10/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10/19/63

23c. NAME OF CEMETERY OR CREMATORY

GAMEL CEMETERY

23d. LOCATION (city, town, or county)

FESTUS MO.

24. FUNERAL DIRECTOR

ADDRESS

POLITTE FUNERAL HOME CRYSTAL CITY, MO.

25. DATE RECD. BY LOCAL REG.

10-18-63

26. REGISTRAR'S SIGNATURE

[Signature]

VERIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lonny R. Polite

Licensed Embalmer No. 3481

P. O. Address Crypta Bell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.